



50 South Broadway
Lebanon, Ohio 45036
www.lebanonohio.gov

Rev. 7/09

APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer.

PLEASE PRINT CLEARLY

Position(s) Applied For		Date of Application	
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Walk-In <input type="checkbox"/> City of Lebanon website <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other _____			
Last Name		First Name	Middle Name
Address	Street	City	State Zip Code
Telephone Number(s)	Email Address	Social Security Number 	

Are you over the age of 18?

☐ yes

☐ no

Have you ever filed an application with us before?

☐ yes ☐ no

If yes, please provide date(s) _____

Have you ever been employed with us before?

☐ yes ☐ no

If yes, please provide dates _____

Will you work:

Days

☐ yes ☐ no

Evenings

☐ yes ☐ no

Weekends

☐ yes ☐ no

Overtime hours

☐ yes ☐ no

Are you currently employed?

☐ yes

☐ no

On what date would you be available to work?

Have you ever been convicted of any misdemeanor or felony (this includes, without limitation, pleading guilty, pleading no contest, or having a judicial finding of guilt)?

☐ yes

☐ no

If yes, provide details (state, dates, type, etc): _____

(Conviction will not necessarily disqualify an applicant from employment.)

EDUCATION

	Name and Location of School	Course of Study	Years Completed	Diploma/Degree
High School				
College				
Graduate School				
Other (specify)				

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Describe any specialized training or skills that you feel we should be aware of in considering your application:

EMPLOYMENT HISTORY

Start with your current or most recent employer.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Start	Final	
Job Title	Supervisor Name			
Reason for Leaving (quit, terminated, laid off)				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Start	Final	
Job Title	Supervisor Name			
Reason for Leaving (quit, terminated, laid off)				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Start	Final	
Job Title	Supervisor Name			
Reason for Leaving (quit, terminated, laid off)				

Are you known to schools/references/employers by another name?

☐ yes

☐ no

If yes, please indicate the name: _____

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EMPLOYMENT REFERENCES (exclude former employers and relatives)

Name	Position or Title	Address	Phone Number

ACKNOWLEDGMENT

I certify all responses I give during the employment application process are true and complete. I understand those responses are subject to verification. Any falsification, misrepresentation, or omission on this form or in any response during the interview process may disqualify me from employment or subject me to immediate termination, whenever it is discovered. If an item is left blank on this application, it is because there is no information within its scope.

I authorize the City to conduct a thorough investigation of all statements, written or oral, made by me during the employment application process, including information concerning my employment positions, law enforcement record, driving record, and educational background.

I understand that a drug screen may be required before a contingent offer of employment is made. Additionally, I understand that I may be required to take a medical examination and/or other applicable tests if I receive a contingent offer of employment.

I can provide legally required legal documentation permitting me to immediately work in the USA. If I fail to provide the required legal documentation, I will be terminated from my employment.

If employed by the City, my employment is at-will so either I or the City may terminate my employment at any time and for any or no reason. Nothing contained in this application or anything stated during the employment application/interview process or anything set forth in any oral or written communication now or in the future creates (or is intended to create) a contract for employment, hours of work, or the providing of benefits. No promises regarding employment have been made to me and I agree that no such promises are binding on the City of Lebanon unless they are specific promises in writing, signed by me and the City Manager, and that document states the employment relationship is not "at-will" and details the new relationship and the specific promise(s).

Signature of Applicant

Date

BACKGROUND INVESTIGATION FORM

—AFFIDAVIT—

Have you ever been convicted of a misdemeanor or felony (this includes, without limitation, pleading guilty, pleading no contest, or having a judicial finding of guilt)? ☐ yes ☐ no; If yes, please explain:

(A conviction will not automatically disqualify you from being considered as a candidate for employment.)

DRIVING RECORD

Driver's License Number _____ State _____

Have you been cited for speeding or any other moving violation within the past 3 years? ☐ yes ☐ no; If yes, please provide dates and details: _____

Has your driver's license ever been revoked or suspended? ☐ yes ☐ no; If yes, please provide dates and details: _____

Have you had a vehicle accident of any type within the past 3 years? ☐ yes ☐ no; If yes, please provide dates and details: _____

I HEREBY AFFIRM THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND COMPLETE.

Signature of Applicant

Date

—CONSENT—

I HEREBY GIVE MY CONSENT TO AN INVESTIGATION OF MY BACKGROUND BY THE CITY OF LEBANON IN CONNECTION WITH ANY INFORMATION GIVEN BY ME ON THIS APPLICATION FOR EMPLOYMENT. I UNDERSTAND THAT THIS WILL INCLUDE AN INVESTIGATION OF MY PAST EDUCATIONAL AND EMPLOYMENT RECORDS AS WELL AS A CHECK OF MY PAST CRIMINAL RECORDS AND THE STATUS OF MY DRIVER'S LICENSE. I HAVE READ THE ABOVE AND FULLY UNDERSTAND IT.

Signature of Applicant

Date

AFFIRMATIVE ACTION DATA RECORD

This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete this questionnaire.

The purpose of this section is to assist in monitoring Affirmative Action Programs and to aid in complying with any required Governmental record keeping or periodic reporting. This information is not part of your employment application, and will not be considered in the employment/selection process. If you choose to provide the information, please complete the following.

Last Name	First Name	Middle Name
Title of Job Applied for:		Social Security Number <div style="border-bottom: 1px solid black; width: 100%;"></div>

RACE (check one)

- ☐ White-origins in Europe, North Africa or Middle East
- ☐ Asian-origins in Far East, S.E. Asia, India or Pacific Islands
- ☐ Black-origins in Africa
- ☐ Hispanic-Mexican, Puerto Rican, Cuban, Central or South American
- ☐ American Indian-origins in North America, to include Alaska

PHYSICAL CONDITION

- ☐ No Disability
- ☐ Physically Disabled (No Facility Modification)
- ☐ Physically Disabled (Facility Modification)
- ☐ Health Disabled (Heart Attack, Diabetic, Seizures, etc.)
- ☐ Mentally Disabled (Learning Disabled)

SEX

- ☐ Male
- ☐ Female

VETERANS/U.S. MILITARY STATUS

- ☐ Non-Veteran
- ☐ Pre-Vietnam Veteran
- ☐ Pre-Vietnam Veteran with service incurred disability
- ☐ Vietnam Era Veteran (8/5/64) to (5/7/75)
- ☐ Vietnam Era Veteran with service incurred disability
- ☐ Post Vietnam Veteran
- ☐ Post Vietnam Veteran with service incurred disability

ACTIVE NATIONAL GUARD OR RESERVIST (check one)

- ☐ Yes
- ☐ No

INFORMATION ON THIS PAGE WILL NOT BE KEPT IN YOUR PERSONNEL FILE

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